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FROM: Michael A. Shimokaji
DATE: 6/7/04
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PAGE 2/16 / RCVD AT 6/12/2004 2:07:17 PM [Eastern Daylight Time] / SVR:USPTO-EFAXRF-2/0 / DNIS:7463250 / CSID:849 223 0845 / DURATION (mm-ss):09-20

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DATE MAILED:

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Title:

NITROGEN CHUTE END

Inventor(s):

Robert B. Seebeger et al.

Serial No.:

09/928,058

Date Filed:

8/8/2001.

Attorney Docket No.:

910.132

Attorney:

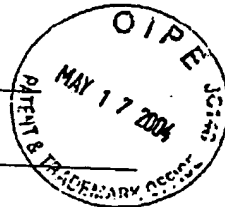
Michael A. Shimokaji

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069-0106B

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- ☒ Transmittal Form
☒ Amendment/Response (13 page(s))
☐ Missing Parts of Application Transmittal
☐ Combined Declaration/Power of Attorney
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☐ Assignment and Cover Sheet
☐ Information Disclosure Statement
☐ Form PTO 1449 with _____ References
☐ Request for Corrected Filing Receipt
☐ Petition for Extension of Time (_____ month(s))
☐ Amendment After Final Rejection (_____ page(s))
☐ Notice of Appeal
☐ Appeal Brief (_____ page(s))
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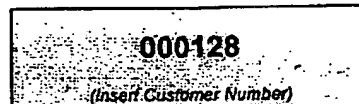
MODIFIED FORM PTO-1083

Attorney Docket No. 910.132

Date: May 12, 2004

Inventor(s): Robert B. Seebeger et al.
Serial No. 09/928,058
Filed : August 8, 2001
For : NITROGEN CHUTE END

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Information Disclosure Statement; Supplemental Form PTO 1449 and 1 prior art reference
☒ Return Receipt Postcard
☒ No additional claim fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
Total	*24	minus	**65	= 0	x \$9	= \$	OR x18 = \$0
Independent	*3	minus	***8	= 0	x \$42	= \$	OR x86 = \$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140	= \$	OR +280 = \$0
TOTAL						\$	OR TOTAL \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- ☐ Please charge my Deposit Account No. 50-0851 the amount of \$____. A copy of this transmittal letter is enclosed.
☐ A check in the amount of \$____ to cover the extension fee is enclosed.
☐ A check in the amount of \$____ to cover the additional claims.
☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji, Reg. No. 32,303

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Michael A. Shimokaji, Reg. No. 32,303